

SPACE ABOVE THIS LINE FOR RECORDING PURPOSES

11080264

PREPARED BY:
JAMES E. WOODS, MSB#7386
WATKINS LUDLAM WINTER & STENNIS, P.A.
6897 Crumpler Blvd., Suite 100
Olive Branch, MS 38654
(662) 895-2996
WLWS #00931.37769

RETURN TO:
Beatty, Galt & Egan *
6397 Goodman #112
Olive Branch MS 38654

GRANTOR'S ADDRESS:
6630 Crumpler Blvd
Apt 229 OLIVE BRANCH MS
Phone: 662-890-6695 38654
Ph: N/A

GRANTEE'S ADDRESS:
1023 Reine Rd
Olive Branch MS 38654
Phone: 662-890-5523
Phone: N/A

INDEXING INSTRUCTIONS: Lot 93, Section C, Crumpler Place Subdivision, situated in Section 32, Township 1 South, Range 6 West, City of Olive Branch, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 46, Page 36.

**LEWIS D. BAKER, Trustee,
under The Lewis D. Baker
Revocable Living Trust and
LEWIS D. BAKER, Individually**

GRANTOR

TO:

BETTY S. PERKINS

GRANTEE

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, LEWIS D. BAKER, Trustee, under The Lewis D. Baker Revocable Living Trust, said Certificate of Revocable Trust Agreement having been filed on December 6, 2010 and recorded in Book 141, Page 443, Power of Attorney Records, Chancery Clerk's Office, DeSoto County, Mississippi, and LEWIS D. BAKER, individually, does hereby sell, convey and warrant unto BETTY S. PERKINS, the land lying and being situated in Olive Branch, DeSoto County, Mississippi described as follows, to-wit:

Lot 93, Section C, Crumpler Place Subdivision, situated in Section 32, Township 1 South, Range 6 West, City of Olive Branch, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 46, Page 36, Chancery Clerk's Office, DeSoto County, Mississippi.

By way of explanation, title to the above described property was vested in Lewis D. Baker and wife, Ruth E. Baker, as tenants by the entirety with full rights of survivorship and not as tenants in common. The said Ruth E. Baker departed this life on the 14th day of APRIL, 2010, as evidenced by a copy of her death certificate attached hereto as Exhibit "A."

The warranty in this Deed is subject to subdivision and zoning regulations in effect in Olive Branch and DeSoto County, Mississippi and further subject to all easements as shown on plat of record and restrictive covenants for Crumpler Place Subdivision.

It is agreed and understood that taxes for the year 2011 shall be prorated and assumed by Grantee herein. Possession shall be given upon delivery of this Deed.

WITNESS THE SIGNATURE OF THE DULY AUTHORIZED OFFICIAL OF THE GRANTOR, this 5th day of August, 2011.

The Lewis D. Baker Revocable Living Trust

BY: Lewis D Baker
LEWIS D. BAKER, Trustee

Lewis D Baker
LEWIS D. BAKER

STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, on this 5th day of August, 2011, within my jurisdiction, the within named, LEWIS D. BAKER, who acknowledged that he is Trustee of The Lewis D. Baker Revocable Living Trust, and that in said representative capacity he executed the above and foregoing instrument after first having been duly authorized so to do.

James E Woods
NOTARY PUBLIC

My Commission Expires: 7-19-11

STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, on this 5th day of August, 2011, within my jurisdiction, the within named, LEWIS D. BAKER, who acknowledged that he executed the above and foregoing instrument.

James E Woods
NOTARY PUBLIC

My Commission Expires: 7-19-11

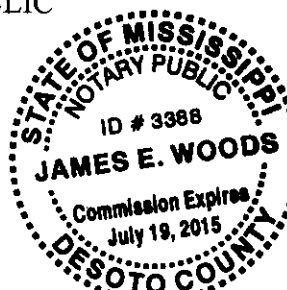


EXHIBIT "A"

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

09472309

STATE FILE 123-2010-008674
NUMBERFILING
DATE

APR 28 2010

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

1. NAME First Middle Last Ruth Emohwen Baker			2. SEX F	3a. HOUR OF DEATH 9:35 pm	3b. DATE OF DEATH (Month, Day, Year) April 14, 2010
4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY Years 91	5b. MOS 91	5c. DAYS 91	6. DATE OF BIRTH (Month, Day, Year) April 26, 1918	7. STATE OF BIRTH TENNESSEE
8. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA	9. DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				
9a. FACILITY NAME (If not a facility, give street address, route number, or other location) 6723 RENEE DRIVE			9b. CITY, TOWN OR LOCATION OF DEATH OLIVE BRANCH		9c. COUNTY OF DEATH DESOTO
10. DECEDENT'S EDUCATION (Specify only highest grade completed) 8	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	12. SURVIVING SPOUSE (If wife, give maiden name) LEWIS DALE BAKER		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO	
14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) NO			15. SOCIAL SECURITY NUMBER HOME MAKER		16. KIND OF BUSINESS OR INDUSTRY HOME
17a. RESIDENCE - STATE MISSISSIPPI	17b. COUNTY DESOTO	17c. CITY OR TOWN OLIVE BRANCH	17d. INSIDE CITY LIMITS (Specify Yes or No) YES	17e. STREET AND NUMBER OR RURAL LOCATION 6723 RENEE DRIVE	
18. FATHER - NAME First Middle Last JAMES MADISON DUNNING			19. MOTHER - NAME First Middle Last MAUDE IRIS DREWRY		
20a. INFORMANT - NAME (Type or print) HEIDI ROY			20b. RELATIONSHIP TO DECEDENT GRANDDAUGHTER		
21a. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 6671 RENEE DR, OLIVE BRANCH, MS			21b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 6671 RENEE DR, OLIVE BRANCH, MS		
22a. DISPOSITION OF BODY (Specify Burial, Cremation, Burial, etc.) BURIAL			22b. CEMETERY NAME NEW PROSPECT		
23a. FUNERAL HOME - NAME MCKENZIE FUNERAL HOME			23b. FUNERAL HOME LICENSE NUMBER 1139		
24a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) Edna Mercer, RN			24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 4942 Pounders Rd, Nesbit, MS 38651		
25a. CERTIFIER - NAME (Type or print) Jeffrey Pounders			25b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 4942 Pounders Rd, Nesbit, MS 38651		
26a. SIGNATURE <i>Jeffrey Pounders</i>			26b. SIGNATURE <i>Jeffrey Pounders</i>		
27a. DATE SIGNED (Month, Day, Year) April 19, 2010			27b. DATE SIGNED (Month, Day, Year) April 19, 2010		
28. PART I - Cause of Death (Immediate cause, underlying cause, and contributing cause) congestive heart failure arteriosclerotic cardiovascular disease					
29. PART II - Other significant conditions - (Specify conditions, such as diabetes, hypertension, etc., that contributed to the death) arteriosclerotic cardiovascular disease					
30. IF FEMALE, specify: <input type="checkbox"/> Was not pregnant within the past year <input type="checkbox"/> Was pregnant, but had baby regular 42 days to 4 years before death <input type="checkbox"/> Was pregnant, but had baby regular 42 days to 4 years before death <input type="checkbox"/> Was pregnant, but had baby regular 42 days to 4 years before death					
31. ACCIDENT, BOMB, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED NO					
32. DATE OF INJURY April 14, 2010					
33. HOUR OF INJURY 9:35 pm					
34. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED NO					
35. INJURY AT WORK (Yes or No) NO					
36. PLACE OF INJURY (Specify Home, Public Place, Factory, Office, etc.) HOME					
37. LOCATION HOME					

Mississippi State Department of Health

Revised 1-4-08

Form 511

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

MAY -3 2010

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FRONT OF THIS DOCUMENT HAS A WATERMARKED PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK